

**STATE GAMING CONTROL BOARD
INDEPENDENT AGENT
ANNUAL REPORT OF SECONDARY REPRESENTATIVES
(Due annually on July 15)**

A. INDEPENDENT AGENT INFORMATION:

Name _____
First Middle Last

Business Address _____
Street Number and Name/City/State/Zip Code

Telephone No. _____ Social Security Number _____

B. LICENSEE/CASINO INFORMATION (LIST ALL CASINOS YOU ARE CURRENTLY REGISTERED WITH):

NOTE: Submit only one form annually directly to the Gaming Control Board regardless of the number of casinos you are currently representing.

C. SECONDARY REPRESENTATIVE INFORMATION:

1. Name _____
First Middle Last

Home Address _____
Street Number and Name/City/State/Zip Code

Employer _____ Position _____

Social Security No. _____ Date of Birth _____

2. Name _____
First Middle Last

Home Address _____
Street Number and Name/City/State/Zip Code

Employer _____ Position _____

Social Security No. _____ Date of Birth _____

3. Name _____
First Middle Last

Home Address _____
Street Number and Name/City/State/Zip Code

Employer _____ Position _____

Social Security No. _____ Date of Birth _____

****PLEASE USE AN ADDITIONAL SHEET, IF NECESSARY, TO LIST ALL SECONDARY REPRESENTATIVES****

I, _____, being duly sworn, deposes and says that the above statements are true and correct to the best of my knowledge and belief and this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a State Gaming License. Further, that I am voluntarily submitting this filing under oath with the full knowledge that the Gaming Control Act (NRS 463.140(5)) provides "any person making false oath in any matter before either the Board or Commission is guilty of perjury."

STATE OF _____ }
COUNTY OF _____ } ss.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, _____

Signature of Independent Agent

(Seal, if any)

Signature of Notarial Officer